

The Sentinel

The Newsletter for the Association of North Carolina Cancer Registrars

Fall 2017

Message from the President: Kelly A. Lowrance, RHIT, CTR

Happy Fall Ya'!!!!

I hope everyone enjoyed the meeting at the beautiful Mountain Lodge & Conference Center in Flat Rock last month. Thank you to all the staff at Pardee Hospital, Mission Hospital, Rutherford Regional Health System, Asheville VA Hospital and Park Ridge Health for hosting and planning such a great educational meeting.

It is that time of year again when things start to change. The leaves change, the grass changes, the temperatures change and the ANCCR Board changes!!! Congratulations to the new 2017-2018 ANCCR officers!! If you are reading this letter then you know I was voted in as ANCCR President. I am very honored to serve this position and represent our great state!! The rest of your 2017-2018 officers are as follows:

Vice President - Linda Lucas
Secretary -Kim Greene
Treasurer – Jenny Konrad

As many things in this world are changing so is the cancer registry field - AGAIN!! We tend to get overwhelmed with change. We need to try to keep in mind that even though change is not easy it should be looked at as a positive event. Have you ever thought that if things did not change what a boring world this would be??

A few of the ANCCR Board members would like to step down from their positions and allow for some “change” within our Association. Are you one for change and challenge? In this edition of The Sentinel, each Board member has answered a few questions on their position. Please read over them and if any of these positions interest you please let me know.

I would like to take this opportunity to thank you for allowing me to serve as your ANCCR President. If you have any questions or concerns please call me or email me. My number is (704)718-9562 and my email is kalowrance@novanthealth.org.

I hope everyone has a wonderful and blessed Holiday Season!!

Kelly A. Lowrance, RHIT, CTR
ANCCR President

ANCCR's Executive Board 2017-2018

<p>President: Kelly A. Lowrance, RHIT, CTR kalowrance@novanthealth.org</p> <p>Immediate Past President: Jenean Burris, RHIT, CTR jburris@wakehealth.edu</p> <p>Vice President: Linda Lucas, CTR llucas@novanthealth.org</p> <p>Secretary: Kim Greene, RHIT, CTR kgreene@novanthealth.org</p> <p>Treasurer: Jenny Konrad, CTR, BS jkonrad@wakemed.org</p> <p>Ways & Means: Kimberly Bobbitt and Kisha Raynor, CTR kisha.raynor@carolinashealthcare.org</p> <p>Grants & Vendors: Paige Tedder, CTR Paige.tedder@carolinashealthcare.org Kathleen Foote, CTR kathleen.foote@unchealth.unc.edu</p> <p>Program Coordinator: Deborah Carrethers, CTR dgcarrethers@novanthealth.org</p> <p>Bylaws: Adaline Brown, RHIT, CCS, CTR abrown@certicoderegistry.com</p> <p>Membership: Vickie Gill, RHIA, CTR vagill@novanthealth.org</p>	<p>Education: Kimberly Swing, CTR Kimberly.swing@duke.edu Karen Knight, CTR Karen.knight@duke.edu</p> <p>Educational Scholarship: Inez Inman, BS, RHIT, CTR iinman@wakehealth.edu</p> <p>Historian: Deborah Poovey, CTR dpoovey7@gmail.com</p> <p>Nominating: Angela Rodriguez, CTR arodriguez@certicoderegistry.com</p> <p>Publications: Inez Inman, BS, RHIT, CTR iinman@wakehealth.edu</p> <p>Web Site Coordinator: Cathy Rimmer, BA, MDiv, CTR crrimmer@novanthealth.org</p> <p>Facebook Page Administrator: Angela Rodriguez, CTR arodriguez@certicoderegistry.com</p> <p>A4C Liaison: Kathleen Foote kathleen.foote@unchealth.unc.edu</p> <p>NCRA Liaison: Melanie Rogan, CTR mrogan@mycrstar.com</p> <p>Central Cancer Registry Liaison: Melissa Pearson, CTR Melissa.pearson@dhhs.nc.gov</p>
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Upcoming Educational Meetings

ANCCR Educational Conference
Tentative 2018 – Wilmington, NC

NCRA Educational Conference

2018 - May 20-23, Sheraton New Orleans, New Orleans, LA
2019 – May 19-22, Sheraton Denver Downtown Hotel, Denver, CO



MEMBERSHIP
Vickie Gill, RHIA, CTR

For 2016-2017, there were 157 members.

TREASURER'S REPORT
Jennifer McLean, CTR

Net Worth – As of 7/14/17

<u>Account</u>	<u>Balance</u>
ASSETS	
Cash and Bank Accounts	
ANCCR Checking	15,501.62
Money Market	21,493.81
Shares Account	61.54
TOTAL ASSETS	37,056.97
LIABILITIES	0.00
OVERALL TOTAL	37,056.97

Checking Account Activity since 7/14/17

Beginning Balance: 14,677.56

Expenses:

Program Recognition App	75.00
NAACCR Webinars	1740.00
Bank Fees	1.95
SECU Foundation Donation	2.00

Total Expenses - 1818.95

Deposits:

Dividends Earned	+	6.60
Membership Dues 2016-2017		205.00
Membership Dues 2017-2018		25.00
Fall Registration 2017		5932.92
2017 Exhibitor Fees		900.00

Total Deposits + 7069.52

Checking Acct Ending Balance as of 07/14/17: \$ 15,501.62

EDUCATION REPORT
Kimberly Swing, CTR and
Karen Knight, CTR

Educational Opportunities:

<https://educate.fhcr.org/> SEER Educate where you can do practice abstracts and earn up to 20 CE credits per cycle.

https://cancerstaging.org/CSE/Registrar/Pages/8E_November10_Webinar.aspx - webinar on 8th edition AJCC- **no CE credits earned**, archived webinars available

<http://www.ncregistrars.com/> -Archived NAACCR webinars worth 3 CE credits each

<https://cancerstaging.org/CSE/Registrar/Pages/Disease-Site-Webinars.aspx> AJCC Disease site Webinars, **no CE credits earned**, archived webinars available

<https://education.naacccr.org/freewebinars> -NAACCR.ORG- Archived webinars



ANCCR purchased subscriptions to the NAACCR Cancer Registry & Surveillance Webinar Series.

NAACCR will present a different webinar every month beginning in October 2017 and continuing through September 2018. Each webinar is three hours (3 CE's) and will be presented on the first Thursday of each month. After the LIVE version, a link to the webinar will be available to ANCCR members on the ANCCR website, as soon as it is available each month. The sessions are 9:00 am – 12:00 pm.

Host sites:

Wake Forest Baptist Medical Center, Winston-Salem, NC

Contact: Jenean Burris: jburris@wakehealth.edu

Carolinas Medical Center, Charlotte, NC

Contact: Paige Tedder paige.tedder@carolinashealthcare.org

UNC Rex Hospital, Raleigh, NC

Contact: Kathleen Foote Kathleen.foote@unchealth.unc.edu

Vidant Medical Center, Greenville, NC

Contact: Merrill Bright Merrill.bright@vidanthealth.com

Below is the NAACCR webinar schedule:

- 10/5/17 Collecting Cancer Data: Prostate
- 11/2/17 Collecting Cancer Data: Larynx
- 12/7/17 Collecting Cancer Data: Uterus
- 1/11/18 Collecting Cancer Data: GIST and Soft Tissue Sarcomas
- 2/1/18 Collecting Cancer Data: Stomach and Esophagus
- 3/1/18 Abstracting and Coding Boot Camp: Cancer Case Scenarios
- 4/5/18 Collecting Cancer Data: Lip and Oral Cavity
- 5/3/18 Directly Coded Stage
- 6/7/18 Collecting Cancer Data: Thyroid and Adrenal Gland
- 7/12/18 Hospital Cancer Registry Operations – Topic TBD
- 8/2/18 Multiple Primary and Histology Rules
- 9/6/18 Coding Pitfalls

Educational Materials

Cancer Case Studies: A Workbook to Practice Assigning AJCC TNM Stage

NCRA produced this case study workbook to provide opportunities for cancer registrars to practice assigning AJCC TNM Stage using the new *AJCC Cancer Staging Manual Eighth Edition*. NCRA has included two sets of answers. One using the Seventh Edition; the second using the Eighth Edition, this construct will help registrars compare the differences. NCRA has also provided rationales for the correct Eighth Edition answers. The workbook includes 50 cases prepared by Donna M. Gress, RHIT, CTR.

Member Price: \$89.00 **Non-Member Price: \$145.00.**

Online version of IDC-O-3 <http://codes.iarc.fr/codegroup/2> it is strongly suggested for this site to be used, includes automatic updates and histology revisions.

SEER Summary Stage 2018 and SEER EOD-will be available for 2018

SEER RX- database is updated frequently and will include changes for 2018

Hematopoietic and Lymphoid Neoplasm Database- there will be a new database for 2018, only text format, will reflect changes for 8th edition AJCC.

Multiple Primaries and Histology- updated rules and database for 2018, will reflect changes for 8th edition AJCC.

FORDS – will have a new name and new manual for 2018, new name is STORE- Standards For Oncology Registry Entry.

AJCC- Errata for 8th edition AJCC is available at <https://cancerstaging.org/references-tools/deskreferences/Pages/default.aspx> - includes many corrections!

CCARM- is working on updated manual as well; look for this in the near future.

New Resource! Informational Abstracts

<http://www.cancerregistryeducation.org/rr>

ARTICLES FOR YOUR REVIEW



Collins', Pascrell's firefighter cancer registry bill passes full committee

<http://www.thedailynewsonline.com/bdn01/collins-pascrells-firefighter-cancer-registry-bill-passes-full-committee-20170802>

Stem Cell Registry Will Facilitate Finding Donors

<https://financialtribune.com/articles/people/70181/stem-cell-registry-will-facilitate-finding-donors>

REPORT FROM THE NC CENTRAL CANCER REGISTRY
Melissa Pearson, CTR



During the next three months, three experienced Certified Tumor Registrar's (CTRs), Venita Brannigan, Barbara Hempel & Allen Austin and will be retiring from our Central Cancer Registry.

Venita has served our great State of NC for 30 years --11 of these successful years in the CCR as a Field Services Representative and Physician Office Coordinator. She has been instrumental in the success of our registry's physician reporting. She has recruited, trained and brought hundreds of physician offices on board for cancer reporting. The reason we have 100% reporting from dermatologists & urologists in the state is because of Venita's diligent planning & tireless effort. That's quite a legacy and an accomplishment. *Venita's retirement will be effective 11/30/2017.*

In 2005, the CCR was fortunate to bring Barbara on board with her years of experience working in a hospital as a Cancer Registrar. To her credit, she has corrected and consolidated thousands of records; she has worked tirelessly with her assigned facilities to ensure timely & complete reporting; and she voluntarily took over the responsibility of preparing & coordinating the edit sets between the facilities across the state. She has always been helpful and does whatever it takes to get the work done. *Barbara's last day with the CCR will be 12/31/2017.*

Allen has contributed to and served in the cancer registry for 26 years and held different positions: Field Services Representative, Quality Management Specialist (QC) and as the QC Supervisor/Audit Coordinator. Throughout his years in the registry, Allen has accumulated a wealth of knowledge and experience in the cancer registry profession and has been a great resource and support to our registry's, facilities' staff and researchers across the state. *Allen's retirement is effective 1/31/2018.*

It is needless-to-say we will be losing three highly valued & dedicated members of our team. Please join us in wishing Venita, Barbara & Allen the best of health and everything they wish to accomplish during their retirement!

Crusade Against Cancer
Allen D. Austin, III, BA, CTR
NCCCR, Quality Assurance Supervisor and Audit Coordinator

We ourselves feel that what we are doing is just a drop in the ocean. But if that drop were not there, I think the ocean would be less by that missing drop. - Mother Teresa

I was hired by the North Carolina Central Cancer Registry on February 14th, 1992, (because I was a real sweetheart of a candidate). *Little did I know at the time that this job would consume me for over a quarter of a century.* If I had it to do over, would I still make the same choice? The answer is a resounding yes.

My Mother was a breast cancer survivor and my Father died from complications of follicular lymphoma. We all have been touched in some way by this terrible disease. Working at Duke in Radiation Oncology prior to this job, I discovered I was too empathetic to watch those heroic victims suffer and die day after day. I wanted to take up the battle against cancer, but not on the front lines, because it was killing me slowly. At the NCCCR, I could contribute to the cause without getting eaten up from the inside.

The Central Cancer Registry was just starting up (in 1991), and I am the last remaining member of the original CCR staff. I have seen countless people come and go and five Director changes. But one thing remains constant, those that have come and stayed have a fierce determination to make a difference; and we are.

In the ensuing years, we went from a Registry collecting data on paper to become a Registry of Excellence, (only 18 Central Cancer Registries in the nation hold this distinction), and obtaining Gold certification from CDC for the last eight years. But none of this would be possible without the contributions of each and every one of you. A friend of mine once said in a moment of introspection, "I would hate to be a grain of sand on a beach." But, without those grains of sand, there would be no beach.

I started out as a Field Staff Representative and logged countless miles across North Carolina training others to do this job. After eleven years, I accepted a promotion to Quality Assurance, and later went on to become supervisor of a highly-trained staff of professionals. As I have told those who are learning, you must crawl before you can walk, before you can run.

Most of you reading this know what I mean. I have met cancer registrars from across the nation, and each of you have dedicated your lives to this crusade against cancer. It's an ongoing battle that affects the very people who are fighting it. This is a dedicated group of people with a special skill set encompassing a tremendous amount of knowledge necessary to perform this complex and ever-changing profession. You must embrace each change instead of resisting, because change is inevitable (except from a vending machine).

But each year more people join this fight. It's not for the money, it's for the mission. Although the battle is not done, it's time for this old soldier to step aside for those younger warriors to take up the cross and charge into the fray. Therefore, I will be retiring from my job January 31st, 2018. It's been a good run, and I have truly loved my work and felt that I was doing something worthwhile with my life. How many people can honestly say that about their careers?

For those of you who remain, still fighting the good fight, I salute you.

Never give up! - Jimmy Valvano





Ruth Maranda, LPN, CTR
NC CCR Education and Training Coordinator

NCRA is currently hosting an eight-part webinar series highlighting the major changes for 8 different sites in the AJCC Cancer Staging Manual, 8th Edition. The most recent webinar was on Melanoma. Below are a few highlights from this discussion:

Reference: Update on 8th Edition of the AJCC Cancer Staging Manual for Melanoma. Presented on Oct 11, 2017 by Jennifer R. Garreau, MD, Surgical Oncologist at the Legacy Cancer Institute, Portland, OR.

❖ **FACTS**

- Melanoma accounts for < 5% of skin cancer cases, but causes > 75% of skin cancer deaths.
- Survival with melanoma increased from 49% (1950-1954) to 92% (1996-2003).
- Incidence of continues to rise at a rate faster than that of any of the seven most common cancers.
- Between 1992 and 2004, melanoma incidence increased 45%, 3.1% annually.
- Melanoma of skin represents 4.5% of all new cancer cases in US.
- Most common in 25-29-year-old's, 2nd most common for young people (15-29-year-old)

❖ **RISK FACTORS**

- Sunburns – one or more blistering sunburns in childhood
- Risk doubles if more than five sunburns at any age
- Survivors are nine times more likely to develop new melanoma than general population
- Moles, fair skin, red/light hair and blue eyes

❖ **ABCDs of melanoma**

- Asymmetry- shape, color, contour
- Border irregularity
- Color variation – black, brown, blue, red, gray, white
- Diameter – larger than 5mm

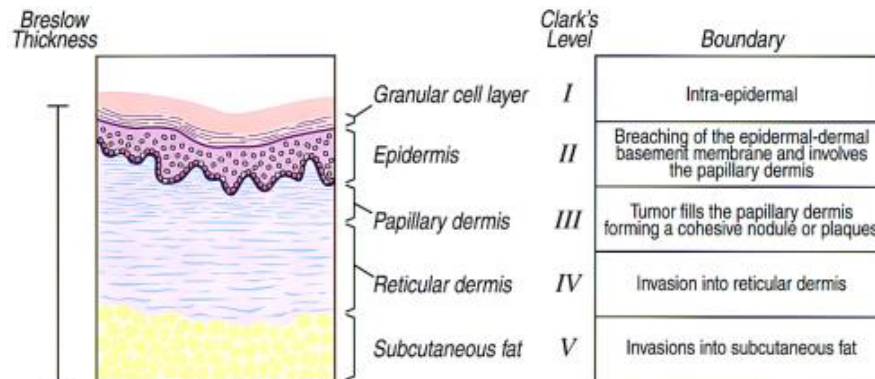
❖ **TYPES OF MELANOMA**

Superficial spreading	Lentigo maligna
• Most common – 70% of all melanomas	• 4-15% of all melanomas
• Occur anywhere on skin	• Neck, face, back of hands
• Mainly trunk and extremities	◦ Especially of elderly people
• Arise in preexisting nevi	◦ Strong history of sun exposure
• Flat	• Always surrounded by dermis with heavy solar degeneration
• Contain areas of regression	• Quite large before diagnosis
• Relatively long radial growth phase before vertical growth begins	• Best prognosis: invasive growth occurs late, 5-8% evolve to malignant melanoma
Nodular	Acral lentiginous
• 15-30% of all melanomas	• Least common
• Darker and raised lesions	• 2-8% of all melanomas in whites
• Histologic criteria: Lack of radial growth peripheral to area of vertical growth	• 29-72% in dark-skinned people
• Occurs mainly on head, neck, trunk	• Palms, soles, subungual area
• Poor prognosis	• Beneath fingernail or toenail
	• Blue-black discolorations of posterior nail folds
	• Most common on great toe or thumb
	• Develop rapidly
	• Behave aggressively

❖ PROGNOSTIC FACTORS

• Tumor thickness (Breslow Thickness)

- Primary determinant of T classification
- Predicts probability of metastasis
- Determines surgical treatment
 - Margins for wide local excision
 - Sentinel node biopsy
- Determined by using an ocular micrometer at a right angle to the skin to directly measure the depth to which tumor cells have invaded the skin
- Measured from the granular layer of the epidermis down to the deepest point of invasion
- Sometimes involving detached nests of cells



- **Involvement of lymph nodes**
- **Evidence of metastatic disease**
- **Ulceration**
 - Important part of T classification staging system
 - Presence is associated with worse prognosis
 - “a” designation means no ulceration
 - “b” designation means presence of ulceration
 - Defined as microscopic interruption of surface epithelium by tumor
- **Mitotic Rate**
 - Expressed as number of mitoses per millimeter squared
 - Important part of stage grouping in the 7th edition
 - **No longer a factor in stage grouping in the 8th edition**
 - Still important prognostic factor

❖ T CATEGORY DEFINITIONS

- T0 = no evidence of primary tumor
- Tis = melanoma in situ
- TX = primary tumor thickness cannot be determined
 - Example: biopsy specimen obtained through curettage
- T1-T4 = based on Breslow Depth and ulceration

❖ CHANGES IN T CLASSIFICATION

- Tumor mitotic rate dropped as a staging criterion for T1 tumors
- New criterion added for thickness for T1a and T1b tumors
- Tumor thickness measurements rounded to nearest 0.1mm (7th edition was nearest 0.01mm)
- No changes in T2 and higher T Classifications

Changes in T1 Classification for Melanoma

7 th Edition	8 th Edition
T1 defined as: <= to 1.0 in thickness	T1 still defined as: <= 1.0 in thickness
T1a: <ul style="list-style-type: none"> • Without ulceration AND • Mitotic rate < 1/mm² 	T1a: <ul style="list-style-type: none"> • <0.8mm in thickness AND • Without ulceration
T1b: <ul style="list-style-type: none"> • With ulceration OR <ul style="list-style-type: none"> • Mitotic rate >= 1/mm² 	T1b: <ul style="list-style-type: none"> • <0.8 mm with ulceration OR <ul style="list-style-type: none"> • 0.8 – 1.0mm in thickness (with or without ulceration)

Examples of Effects of T1 Changes on Staging:

Example 1: 0.6 mm thick melanoma Non-ulcerated 1 mitosis/mm ² Negative SNB	7th Edition: T1b N0 M0 Stage Group 1B
	8th Edition: T1a N0 M0 Stage Group 1A (Mitotic rate no longer a factor in staging thin melanomas)
Example 2: 0.9mm thick melanoma Non-ulcerated 0 mitosis/mm ²	7th Edition: T1a N0 M0 Stage Group 1A (Needed ulceration status to assign any T1 to T1A or T1B)
	8th Edition: T1b N0 M0 Stage Group 1B (Lesions >= 0.8mm are now classified as T1B. Ulceration not a factor only in lesions .8-1.0mm thick.)

❖ CHANGES IN N CLASSIFICATION

- Terminology for nodal metastasis has changed
 - Macrometastasis replaced by “clinically detected disease”
 - Can feel enlarged LN on physical exam
 - Micrometastasis replaced by “clinically occult disease” as detected by SNB (Sentinel Node Biopsy)
 - Could not feel LN on physical exam but positive on SNB
- c subcategory added to each N designation
 - Now have N1c, N2c, and N3c
 - c subcategory indicates presence of in-transit, satellite and/or microsatellite metastases

Changes in N Classification for Melanoma

N Category	Number of tumor involved regional lymph node(s)	Presence of in-transit, satellite, and/or microsatellite mets
N0	No regional metastases detected	No
N1		
N1a	1 clinically occult (i.e. detected by SLN biopsy)	No
N1b	1 clinically detected	No
N1c	No regional lymph node disease	Yes
N2		
N2a	2-3 clinically occult (i.e. detected by SLN biopsy)	No
N2b	2-3, at least 1 of which is clinically detected	No
N2c	1 clinically occult or clinically detected	Yes

N3		
N3a	4 or more clinically occult (i.e. detected by SLN biopsy)	No
N3b	4 or more, at least 1 of which is clinically detected, or presence of any number of matted nodes	No
N3c	2 or more clinically occult or clinically detected and/or any number of matted nodes	Yes

❖ **METS**

- Satellite nodules/lesions
 - Tumor nests or nodules in dermis or subcutaneous tissue
 - Microsatellite lesion – foci of metastatic tumor cells in skin or subcutis adjacent or deep to but discontinuous from the primary tumor detected by microscopic examination of tissue
 - Satellite lesion – foci of clinically evident cutaneous and/or subcutaneous metastases occurring within 2 cm of but discontinuous from the primary melanoma
- In-transit mets
 - In lymph channels between primary and regional nodes
 - ◆ Clinically evident cutaneous and/or subcutaneous metastases occurring >2 cm from primary melanoma in region between primary and regional lymph node basin
- Distant subcutaneous metastases
 - Any cutaneous metastasis that does not fall into the above categories
 - M1a disease
- **CHANGES IN M CLASSIFICATION**
 - Elevated LDH no longer classified as M1c
 - Added (0) and (1) designations to reflect LDH level
 - Added M1d for distant metastases to CNS

Changes in M Classification for Melanoma

<u>7th Edition</u>	<u>8th Edition</u>
M1a <ul style="list-style-type: none"> • Metastasis to skin, soft tissue (including muscle, and/or nonregional lymph nodes) • LDH not elevated 	M1a <ul style="list-style-type: none"> • Metastasis to skin, soft tissue (including muscle, and/or nonregional lymph nodes) • M1a - LDH unspecified • M1a (0) – LDH not elevated • M1a (1) – LDH elevated
M1b <ul style="list-style-type: none"> • Distant metastasis to lung 	M1b <ul style="list-style-type: none"> • Distant metastasis to lung <ul style="list-style-type: none"> ▪ M1b - LDH no specified or not recorded • M1b (0) – LDH not elevated • M1b (1) – LDH elevated
M1c <ul style="list-style-type: none"> • Distant metastasis to other visceral sites with a normal LDH • Any distant metastases AND an elevated LDH 	M1c <ul style="list-style-type: none"> • Distant metastasis to non-CNS visceral sites • M1c - LDH not specified or not recorded • M1c (0) - LDH not elevated • M1c (1) - LDH elevated
	M1d (New in 8th edition) <ul style="list-style-type: none"> • Distant metastasis to CNS with or without M1a, M1b, or M1c sites of disease • M1d - LDH not recorded or unspecified • M1d (0) – LDH normal • M1d (1) – LDH elevated

Examples of Effects of M1 Changes on Staging:

<p>Example 1:</p> <ul style="list-style-type: none"> 65 y/o female presents with seizures. Work-up shows a 3cm parietal lobe mass consistent with melanoma. Found to have a regressed primary on right leg. Final pathology showed no residual melanoma on wide excision, sentinel nodes negative T0 – no evidence of residual disease (likely regressed primary) 	<p>7th Edition: T0 N0 M1c</p> <p>Mets to other visceral sites (CNS)</p>
	<p>8th Edition: T0 N0 M1d</p> <p>CNS mets now M1d LDH not specified in this case so cannot sub-classify into either (0) or (1)</p>
<p>Example 2:</p> <ul style="list-style-type: none"> 65 y/o female develops multiple sites of distant subcutaneous nodules LDH elevated 	<p>7th Edition: M1c</p> <p>Even though there are only distant subcutaneous metastases, LDH is elevated</p>
	<p>8th Edition: M1a (1)</p> <p>Distant subcutaneous mets only = M1a LDH elevated (1)</p>

❖ **CHANGES IN STAGE GROUP TABLE**

- T1b N0 M0 now Stage Group 1A
- Changes in grouping in the IIIA-IIIC groups
- Added Stage Group IIID to the Pathological stage group table
 - Applies to: T4b N3a/b/c M0

Examples of Effects of Stage Grouping Changes on Staging:

<p>Example 1:</p> <ul style="list-style-type: none"> 2.5 mm thick melanoma, non-ulcerated 2 positive sentinel nodes (clinically occult) 	<p>7th Edition: T3a N2a M0 Stage Group IIIA</p>
	<p>8th Edition: T3a N2a M0 Stage Group IIIB</p> <p>Stage IIIA now only includes T1a/b and T2a lesions. Previously included lesions up to T4a.</p>
<p>Example 2:</p> <ul style="list-style-type: none"> 5.5 mm thick melanoma, with ulceration 4 clinically positive nodes T4b N3b M0 	<p>7th Edition: T4b N3b M0 Stage Group IIIC</p>
	<p>8th Edition: T4b N3b M0 Stage Group IIID</p> <p>T4b with N3a/b/c now has its own Stage Group of IIID</p>

ANCCR Executive Board Positions

Policy and Procedures for each position are currently under revision on the ANCCR website under Members.

NCRA Liaison:

Name and Credentials(s): Melanie Rogan, CTR

Contact information: Work 336-946-2379 Cell 336-978-1192

Position at ANCCR: NCRA Liaison

How long have you held this position: Since 2008

Job Duties: Monitor NCRA website for any useful information to relay to the membership; monitor the Raise Your Voice advocacy issues; relay any concerns/issues on behalf of the ANCCR membership to the Advocacy and Technical Practice Director to channel to the board of directors; participate in ANCCR board of directors conference calls.

Time Spent doing duties: 1 hour per month

What do you find the most challenging in this position: This is a very easy position without any challenges or demands.

What do you find the most awarding in this position: It is rewarding to be able to be a voice of the membership to the national organization. I have been able to help members obtain information from NCRA. Most recently, I was able to obtain power point presentations from the NCRA board and share with an ANCCR member who was doing a presentation on what a Cancer Registry is and what we do.

What qualities should someone have to hold this position: Ability to have a strong voice and advocate for the membership if needed.

Why do you like being a part of ANCCR: I have been a member since 1998 and we have always had a really good pool of professionals to lead the organization with its best interests at heart. Our membership puts together some of the best educational conferences of any state.

Education:

Name and Credential(s): Kimberly Swing, CTR

Contact information: kimberly.swing@duke.edu

Position at ANCCR: Education Committee

How long have you held this position: 1 year

Job Duties: Create report for "*The Sentinel*" every quarter that updates anything relating to education in the cancer registry profession. I keep in contact with Heather Watson from DCCC to keep us updated on the Cancer Registry Management Program-updates are included in Sentinel report, announcement of new CTR's at state meeting.

Time Spent doing duties: 1.5 hours per quarter, time includes quarterly board meeting

What do you find the most challenging in this position: Creating a report that has the most recent education opportunities listed.

What do you find the most awarding in this position: It helps to keep me up-to-date and aware of new resources.

What qualities should someone have to hold this position: Knowledge of educational opportunities.

Why do you like being a part of ANCCR: The collaboration with other cancer registrars and the availability of free webinars every month.

Central Cancer Registry Liaison:

Name and Credential(s): Melissa Pearson, CTR

Contact Information: Melissa.Pearson@dhhs.nc.gov; 828-665-8687

Position at ANCCR: CCR Liaison

Job Duties: Represent the NC CCR on ANCCR Board

Time Spent doing duties: Less than 2 hours each quarter (attending board meeting, preparing article for Sentinel, etc.)

What do you find the most challenging in this position: The only challenge I have had are a few scheduling conflicts with the ANCCR board meetings.

What do you find the most awarding in this position: I always strongly encourage cancer registrars to volunteer for ANCCR and NCRA. Having volunteered extensively over the years for both organizations, I could not begin to quantify the value of what I gained personally during that volunteer work. I learned more about the “cancer surveillance world” than I would have ever learned staring at abstracts on the computer.

What qualities should someone have to hold this position: Someone in the position must work at the Central Cancer Registry and be willing to share communication between ANCCR and the CCR.

Why do you like being a part of ANCCR: As a CTR, I enjoy and am proud of my profession. As such, I want to support those organizations who will in turn support my profession.

Website Coordinator:

Name and Credential(s): Cathy Rimmer, BA, MDiv, CTR

Contact information: crrimmer@novanthealth.org

Position at ANCCR: Web Site Coordinator

How long have you held this position: 2007 (whenever we started the website)

Job Duties: Keep web site updated with board member changes, membership form, Fall meeting info, job postings, content for members only section

Time Spent doing duties: 15-30 min a week (can vary – gets busier closer to Fall Meeting)

What do you find the most challenging in this position: Helping members register on Members Only section; answering the “Contact Us” questions from website

What do you find the most awarding in this position: Providing up to date info to members

What qualities should someone have to hold this position: Knowledgeable about ANCCR and what each board member does – so can direct questions to the appropriate person; good working relationship with webmaster/site host

Why do you like being a part of ANCCR: NC has one of the best state associations and highly values providing education for its members

Nominating Chair:

Name and Credential(s): Angela Rodriguez, CTR

Contact Information: arodriguez@certicoderegistry.com

Position at ANCCR: Nominating Chair

How long have you held this position: Less than a year.

Job Duties: I reach out to active ANCCR members when nominations for officer positions begin. During our fall meeting, I swear in the new officers and recognize those that served the year prior. I am responsible for the vote count that takes place during our fall meeting as well.

Time spent doing duties: My position is stagnant between October-February. In April, I begin accepting nominations for officer positions. I meet quarterly for our board meetings via teleconference for roughly 30 minutes. Overall, my position is not busy.

What do you find the most challenging: The most challenging is getting ANCCR members to run for officer positions. Issues that arise are they may say they do not have enough time or

they failed to pay the ANCCR due. There is a lack of awareness of what each position does and that limits individuals running for a position.

What do you find the most awarding: I like being a part of the board to have insight on what is going on behind the scenes of our state association. I also like the networking aspect.

What qualities should someone have to hold this position: A key quality would be public speaking as you do have to present/ speak publicly at the state meeting. You also have to reach out to ANCCR members and convince them in running for positions.

Why do you like being a part of ANCCR: I believe our state association is a good networking platform for NC CTRs.

Publications:

Name and Credential(s): Inez Inman, BS, RHIT, CTR

Contact information: iinman@wakehealth.edu

Position at ANCCR: Publications Chair

How long have you held this position: 2007-2008, 2013-present

Job Duties: Compile and publish ANCCR's newsletter. Attend board meetings.

Time Spent doing duties: a couple of days per issue

What do you find the most challenging in this position: Obtaining articles, knowing how to use Word tools and ClipArt to compile an issue with uniform fonts and insert art/pictures.

What do you find the most awarding in this position: An impressive, professional issue

What qualities should someone have to hold this position: organizational skills, time management skills, detailed-oriented, knowledge of Word tools and ClipArt.

Why do you like being a part of ANCCR: Networking and getting to know ANCCR's members, leadership skills that you learn from being a part of the board, knowing that ANCCR has one of the best state associations and puts together good quality educational conferences.

Educational Scholarship:

Name and Credential(s): Inez Inman, BS, RHIT, CTR

How long have you held this position: Since 2011

Job Duties: Obtain the essay topic, include an article in The Sentinel announcing the scholarship, select the best essay with board approval

Time spent doing duties: 1 day per year

What do you find the most challenging in this position: Getting someone to write an essay

What do you find the most awarding in this position: A well written essay and the winner getting a free trip to ANCCR's educational conference.

Membership:

Name and Credential(s): Vickie Gill, RHIA, CTR

Contact information: vagill@novanthealth.org; 336-682-9702

Position at ANCCR: Membership Chair

How long have you held this position: 9 years

Job Duties: collect membership dues, keep list of current members & their info, help Website Chair with keeping members' emails current

Time Spent doing duties: varies

What do you find the most challenging in this position: keeping up with members' emails as people change jobs

What do you find the most awarding in this position: meeting ANCCR members

What qualities should someone have to hold this position:

Why do you like being a part of ANCCR: It is a great way to meet other registrars and to stay abreast of changes in the registry field.

Program Director:

Name and Credential(s): Deborah Carrethers, CTR

Contact information: 336-878-6148, dqcarrethers@novanthhealth.org

Position at ANCCR: Program Director

How long have you held this position: 10 years or more

Job Duties:

Find a hosting hospital for the meeting (alternate the four regions every year),

Find a hotel that can accommodate 125 or more people (must look at three hotels and find best deal and rate),

Follow up with hotel to make sure we have met our agreement,

Make sure the set-up of the meeting room is correct and all vendors tables, outlets are where they are supposed to be,

Be able to be a good negotiator for room rates, meal discounts, meeting room, vendor tables, etc.

Help hosting hospital with speakers when needed, CE hours, purchasing books and printing of books, putting book together, or where ever help is needed,

Make sure all vendors are contacted (follow up with Paige Tedder) give any new vendors if we have any,

Work with Ways and Means (checking with them to make sure everything is ready for meeting) and help when needed,

Make sure that speaker gifts and door prizes were gotten,

Throughout the year you are in constant contact with the hosting hospital to make sure that everything is going well and you step in when needed to help to make sure that the meeting goes well.

Time Spent doing duties: This is a year long job.

What do you find the most awarding in this position: At the end once the meeting started and done it is rewarding because of the education ANCCR has bought to the members. Plus we get to see each other once a year and that in itself is a joy to just be together once again.

Bylaws:

Name and Credential(s): Adaline Brown, RHIT, CCS, CTR

Position at ANCCR: Bylaws Chair

How long have you held position: 4 years

Job Duties: Review and update NC ANCCR bylaws, as applicable.

Time Spent doing duties: Outside of regular conference calls with other board members, unless bylaws need to be revised or updated no time is needed.

What do you find the most challenging in this position? As new issues arise that we haven't encountered before we need to figure out the best way to handle the situation based on the current bylaws and how to address the issue(s) in the future using the most current edition of Robert's Rules of Order.

What do you find the most rewarding in this job? Knowing that you are part of a great team leading ANCCR into the future.

What qualities should someone have to hold this position? Be an active member of ANCCR for at least one year. Be familiar with Robert's Rules of Order and how they pertain to our organization.

Why do you like being a part of ANCCR? By being a part of ANCCR you can network and learn from other registrars along with taking advantage of learning opportunities both on the website and face book.

Ways and Means:

Name and Credential(s): Kim Maloney Bobbitt, CTR, BS and Kisha Raynor, CTR

Contact information: Kim: 623-451-5556 - Kisha 704-355-0645

Position at ANCCR: Ways and Means

How long have you held this position: Since 2013

Job Duties: Make recommendations and implement raising funds

Time Spent doing duties: Varies – according to scale and scope of meetings with regional meetings requiring more time and planning

What do you find the most challenging in this position: Time for making projects for sale and soliciting vendors/members for items to sale at meetings

What do you find the most awarding in this position: Making huge profits for the association, meeting with members and comrade with fellow board members

What qualities should someone have to hold this position: A friendly smile and willingness to be a team player

Why do you like being a part of ANCCR: Great opportunity to meet and get to know incredible and knowledgeable people

Secretary:

Name and Credential(s): Kim W. Greene, RHIT, CTR

Contact information: Kmgreene@novanthealth.org

Position at ANCCR: Secretary

How long have you held this position: 2 years, starting 3rd

Job Duties: Keep track of minutes during board meetings. Make note of any other pertinent board discussion. Participate in board votes.

Time Spent doing duties: Minimal- board meetings are usually 30 minutes to 1 hour long. I type my notes while in the meeting so as not to repeat the process outside of the actual meeting (i.e. handwriting and then converting).

What do you find the most challenging in this position: Making sure I capture the board discussion correctly. Trying to determine if I have too much detail or not enough.

What do you find the most awarding in this position: I enjoy being a part of the board association. I like to keep up with what's going on with our association. I like being able to offer my opinions.

What qualities should someone have to hold this position: Desire, time and attention to detail/conversation.

Why do you like being a part of ANCCR: As mentioned above, I like being a part of the organization, keeping up with the on-goings and offering up my opinion regarding such matters.

Treasurer:

Name and Credential(s): Jenny Konrad, CTR, B.S. (current); Jennifer McLean (past)

Contact Information: jkonrad@wakemed.org

Position at ANCCR: Treasurer

How long have you held this position: Jenny-Just started

Job Duties: Jennifer-General financial oversight, financial reporting and recording, file tax information per year, make deposits, and write checks.

Time Spent doing duties: Jennifer-approximate 3 hours per month

What do you find the most challenging in this position: Jennifer-Documentation of all transactions and ensure all balances add up precisely.

What do you find the most awarding in this position: Jennifer-Being part of a great board of colleagues that share the same passion for our profession.

What qualities should someone have to hold this position: Jennifer-Detail oriented, good communication and interpersonal skills, proficient in excel, and honest.

Why do you like being a part of ANCCR: Jenny- Important to be involved with/in the organizations that relate directly to our job field. Helping, volunteering, gaining new experiences, continuing to learn new things, being able to share gained and learned knowledge, experience with others.

Vice-President:

Name and Credential(s): Linda Lucas, CTR (current); Kelly Lowrance, RHIT, CTR (past)

Contact information: llucas@novanthealth.org

Position at ANCCR: Vice President

How long have you held this position: Linda-newly elected; Kelly-1 year

Job Duties: Kelly-Assist the President with his/her duties, attend Executive Board teleconference meetings.

Time Spent doing duties: Kelly-1-2 hours per quarter

What do you find the most challenging in this position: Kelly-The only challenge I have had is schedule conflicts to attend Board meeting.

What do you find the most awarding in this position: Kelly-Getting to know members more, being able to put a face with a name, and being able to help myself and others learn more about our profession.

What qualities should someone have to hold this position: Linda-Willingness to be active and involved with ANCCR. Be present for quarterly meetings and share any thoughts or ideas on topics discussed.;

Kelly-Be on time for meetings, know what every board members is supposed to do, be able to help the President, and not be afraid to speak up.

Why do you like being a part of ANCCR: Linda-I feel it is a highly respected and reputable organization for NC CTRs and one of the best. I enjoy networking with other CTRs and developing relationships. Our annual conferences provide us with educational information to enhance our skills and knowledge.

Kelly-I like being able to get to know members outside of the work environment and learn more about our profession.

President:

Name and Credential(s): Jenean Montgomery Burris, RHIT, CTR

Contact information: jburris@wakehealth.edu

Position at ANCCR: (past) President

How long have you held this position: 2 years

Job Duties: Preside over all ANCCR meetings, appoints standing committee chairs, except nominating and Program committee chairs, establish agenda for the ANCCR Business Meetings, schedule Board meeting teleconferences, conducts business on behalf of the Association. Write a President's Message for each issue of The Sentinel. Attend the NCRA National Conference on behalf of ANCCR, representing ANCCR at the state Presidents meeting while at the National Conference, also report to the membership in writing a summary of the educational sessions attended at the NCRA National Conference.

Time Spent doing duties: It varies. On a monthly basis, I would say around 2-3 hours. More in September and while attending the NCRA National Conference, or as other things came up.

What do you find the most challenging in this position: I found that sticking to and learning Roberts Rules of Order to be the most challenging. I was really nervous about leading the meetings. But I got better each time. I had amazing support from the rest of the Board and that made it so much easier!

What do you find the most rewarding in this position: Everything about this position is rewarding! I feel like I sharpened my leadership skills, and learned so much along the way. The relationships that I have formed will be lasting ones and that is so rewarding!

What qualities should someone have to hold this position: You need to be a good listener and take many different ideas and opinions into consideration. You must be organized and detail oriented. You need to be able to delegate. Public speaking skills are a plus!

Why do you like being a part of ANCCR: I have been a member of ANCCR since 2004 and had a position on the Board for the past 5 years (I think) and I have enjoyed every minute of getting to know other members and forming those relationships. The networking opportunities are endless and so rewarding. I have learned so much and gained so many skills that I never could have guessed I would need.

